



In Person	Glenn Groesch	Southern Illinois University School of Medicine (SIU)
	Mary McGinnis	Office Health Information Technology (OHIT)
	Saro Loucks	OHIT
On the Phone	Sandy Anton	IFMC
	Kathy Webster	Loyola School of Medicine
	Sunil Hazaray	American Telemedicine Association ATA
	Josh Sarver	SIU
	Nancy Kaszak	Center for Telehealth in the Office of the Vice President

1. **Introductions and Roll Call - Glenn Groesch (Glenn)** conducted introductions and roll call
2. **Approval of Previous Minutes**
Glenn approved the minutes, **Josh Sarver (Josh)** seconded the approval.
3. **HIE Update**
Mary McGinnis (Mary) explained **ILHIE DIRECT** a secure messaging free service provided by the ILHIE for providers and patients. **OHIT** has been marketing the service, at this point there are upwards of 160 – 170 users. The participants are largely individual practices and some small nursing homes. OHIT hopes there is messaging transactions between nursing homes, physicians and hospitals. The ONC wants OHIT to focus on this early

stage of marketing. The **Central Illinois HIE (CIHIE)** has had much early involvement but the local regional HIEs are still in the planning and testing stage. The **Illinois HIE (ILHIE)** is in the process of building its infrastructure. The **ILHIE** has identified some “**Alpha Partners**” and by identifying these **Alpha Partners** that helps build the infrastructure.

In addition **OHIT** is working with **HFS** to do some data exchanges in terms of the provider and patient directory. In the meantime while the infrastructure is being developed **DIRECT** gives providers an opportunity to exchange information securely.

The **ONC** has asked **ILHIE** and **OHIT** to target 836 providers and reach out to the Regional Extension Centers – **Chicago Health Information Exchange Regional Extension Center CHITREC** and **Illinois Health Information Technology Regional Exchange Center ILHITREC** - which are also referred to as the “**RECs**”. The **RECs** have been given a target of about 400 providers each to do outreach and education. They share the information to providers that **DIRECT** is available at no cost, and educate them with the use cases developed for **DIRECT**.

There has also been a new grant awarded to **OHIT** to start a new **Behavioral Health Integration Project (BHIP)** by **SAMSHA** and **HRSA**. One of the main things the group is going to do is take a look at the consent laws and confidentiality laws concerning behavioral health information exchange and educate providers about some of those barriers. **DIRECT** will be offered to the behavioral health community as a way for them to conduct secure messaging.

Questions regarding ILHIE and DIRECT;

Glenn – Is the new grant a separate program or is it combined with ILHIE?

Mary- It is a separate program and the funding is more modest (600,000), it will allow us to have two state meetings the first to educate providers about the work we are doing and some of the barriers due to the consent laws in the state of Illinois. Mainly education and some demonstrations we will probably ask the RECs to share all their best practices that come out of these demo projects. The projects would be behavioral health providers integrating care with medical health providers. The main way they would do that is via DIRECT. Mark Chudzinski and 50 seasoned lawyers have extensively reviewed the consent laws and the legal task force will continue to do this work. Towards the end of 2012 we will have a better picture of what has and needs to be done. This grant will be running for about 8 months this year. Because the consent laws are so complex, we need to lay out an easier path for information sharing.

Over the summer there will be a series of webinars to engage education with the providers and what needs to be done.

Nancy Kaszak (Nancy)- There are discussions going on now between the **University of Chicago, University of Illinois, SIU School of Medicine**, and the **Illinois Psychiatric Society** about the possibility of putting on a state wide symposium of how do you do Tele-Mental Health? Nancy offered to share information with **BHIP** about their findings thus far.

Mary shared the Director of the projects name, **Dia Cirillo OHIT**. The date of the first state wide meeting is the 29th of March at the Naperville campus of NIU.

Nancy has a two page working paper they are discussing right now and are not going to be ready to do anything for the meeting on the 29th, but she will get a draft to **Mary**.

Sunil Hazaray stated that the **ATA** has a very active tele-mental health group and they have completed clinical guidelines. Caroline Turby at the University of Iowa is the person to get in touch with.

Glenn asked about the relationship between the **RECs** and the regional **HIEs**

Mary – There is a strong relationship between them. **CHITREC** is the Chicago area Regional Extension Center and **ILHITREC** covers the rest of the state and they work together much of the time. **ILHITREC** has a satellite office in Chicago, Peoria and Southern Illinois. There is a collaboration between the **Lincoln Land HIE** and the **Southern Illinois Health Exchange Partners**. They are both seeking to do work with the vendor **Medicity**. The only group of the regional **HIEs** and **RECs** which does not relate to **ILHITREC** and not a previous grantee is the **Southern Illinois 31 county foundation Dave Holland**. **Dave Holland** is a member of the **Authority Board** and **Bill Holland** is on the **Advisory Board**. **CIHIE** is the only active **HIE**. The “white areas” (areas with little technology activity) of the state are prime for Telehealth and we continue to keep a close eye on the development of **HIE** technology and **ILHIE DIRECT** downstate.

4. ILHIE Telehealth WG Use Case Requirements & Current Update

Glenn we need to give the Advisory Board a use case scenario. Let’s talk about what we need.

Sunil - Please refer to the document the table “Telehealth Workgroup”. We feel these three use cases will cover all the areas of Telehealth which are required to integrate with **ILHIE**. Our task was to see if we could come up

with use cases that could be entered against the **Master Patient Record MPR**.

Sunil refers to the table and explains the 3 columns, Use Case/Requirements, MPR Requirements and Fulfilled Y/N. The main question is whether the MPR will fulfill the use case requirements.

Mary - if this woman in use case 1 were **Medicare** only she would not show up in the MPR, she would if she were **dual eligible** or on **Medicaid**. If she were living in Southern Illinois near or around Peoria where we know we have information exchange, then the **MPR** would be populated.

Sunil - The physician would see her via video conference. The Physician would make recommendations and order whatever needs to be ordered and put into the **MPR**. The physician would be a psychiatrist so they could put in lab and x-ray orders. The physician would document the visit via a free text doc in their **Electronic Health Records (EHR)**. We would have to make sure whatever EHR system it is would be able to transfer into **the MPR**.

Mary the doctor would have to be in the **Master Provider Index (MPI)** as well. Because this is a Behavioral Health issue (depression) we need to make sure the doctor knows what the laws and rules are regarding transfer and consent and confidentiality, so this Doctor can in fact share information.

Sunil suggested we should expand this group to include a psychiatrist and a legal advisor so that we cover all the elements and bring in a representative from ILHIE a vendor who is doing the work.

Mary it will be relatively easy for OHIT to find a legal expert. **Renee Popovits** can work on this or recommend someone. I can speak to **Intersystems** the vendor to find someone on their end.

Nancy suggests asking **Meryl Sosa** the **Executive Director of the Illinois Psychiatric Society** for a psychiatrist to review the use case.

Glenn offers to contact **Dr. Bennett** at **SIU** who does telepsychiatry to take a look at the use case. And his suggestion shall be tried first.

A one hour teleconference is suggested to review the use case and only using the first case and revisiting the other two after this one is drawn out. Several members agreed.

5. Open Discussion

Glenn informed people of the app coming out from Polycom for video conferencing via iphone and ipad. This will be very helpful for telemedicine.

6. Next Meeting

April third and these will be recurring the first Tuesday of each month at 10 AM.

7. Meeting Adjourned

Glenn adjourned the meeting.